



**INDIANA BOARD OF PHARMACY
CONTINUING EDUCATION (C.E.) APPLICATION**

State Form 50689 (11-01)

Pharmacy
C.E.

Name of applicant

Type of program:

- ☐ Seminar ☐ Professional Meeting ☐ Teleconference ☐ Video ☐ School of Pharmacy Program
- ☐ Post-Graduate Course ☐ Home Study ☐ CD-ROM
- ☐ Other (*explain*): _____

Address (*number and street*)

Name of speaker

City, state, ZIP code

Program sponsor

Title

Program title

Location of program

Telephone number or Email

Date of program

Contact hour(s) of the course (*A contact hour is equivalent to 50-60 minutes of organized learning experience.*)

(*Please attach a copy of the speaker's curriculum vitae, a description of expertise, or other documentation regarding speaker's expertise on topic.*)

Method for evaluating the program

INSTRUCTIONS

Please attach the following items to this application:

- An agenda documenting the hours of organized learning experience.
- Any supplementary materials: (*for example, program outlines, hand-out materials, self-assessment questions, course contents, bibliographies, etc.*)
- A copy of the speaker's curriculum vitae, a description of speaker's expertise, work history or other documentation regarding the speaker's expertise on the topic.
- Three (3) topic / presentation specific learning objectives for the program.

Please do not submit attendance rosters. The sponsor must retain these for 48 months and provide each participant with a certificate using the number provided and the program title.

Applicants seeking credit for graduate level courses will be considered for credit upon the applicant providing:

- Proof of successful completion of the course.
- A course description from the college catalogue.
- Examples of the topics covered in class.

Note: Pharmacy student (PharmD candidate) presentations will no longer be accepted for Indiana continuing education hours.

Please return to: Indiana Board of Pharmacy, ATTN: CE Applications
402 West Washington Street, Room W041, Indianapolis, IN 46204